present case, Mr. Wharton Jones, like Mr. Dixon, does not think atropine or belladonna necessary. If the patient be in the recumbent position, and can be induced to remain without making any muscular effort, that is all that is required.

Next, as to the direction in which the section of the cornea should be made, whether upwards or downwards, though a "great deal has been said on both sides," Mr. W. Jones believes that one mode of operating is as good as the other; and for himself, he sometimes operates in the downward direction, sometimes in the upward direction. The advantages of the section of the cornea, in an upward direction, he is inclined to believe, after some experience of it, are only imaginary. Something, no doubt, is due to the peculiarities of each case; if the patient be excessively nervous, and, from some reflex or excito-motor influence, turns the eye up, it is difficult to operate in either direction. (Mr. Wharton Jones here showed the different steps of the operation for cataract, by sections of the cornea in both directions, on some fresh eyes from the lower animals, bringing out the lens in each case with remarkable facility.) A great deal depends on the treatment of cases of cataract after they have been operated on; it is necessary for the patient to rest with the eye closed up for at least three days. In the case of the man operated on in the present instance, it appeared that the iris, or pupil, was dragged to the side from loss of vitreous humour, but this did not signify; in a fortnight he could see very well; seventeen days was the earliest convalescence the operator had met in a case of operation by the upper section, but five or six weeks is not an uncommon average for convalescence. Hemorrhage into the vitreous humour is one of the accidents to be avoided, as it is a disastrous complication of every mode of operative proceeding.

Mr. Wharton Jones next referred to the two other operations, depression, and division of the lens, which the surgeon is sometimes called on to perform; division of the lens is quite a different operation, he remarked, from depression or couching, so that no correct or fair comparison can be instituted between them. Extraction and depression, on the other hand, can be compared; after extraction, as familiarly known, the best eye is procured. Yet by depression, though the eyesight is not so good, and we have more inflammation to guard against, as the depressed lens acts something like a foreign body, yet, in persons of the age of fifty years, or above that period, very great success is found to obtain from this operation. It must not be forgotten, however, that, especially in gouty and rheumatic subjects, we must calculate on the dangers of the inflammation caused by the displaced lens attacking the retina and iris. Sometimes, even from other considerations, it may be advisable to have recourse to the operation of couching. A case was here cited by Mr. Wharton Jones, where he recently tried couching, for the reason that the opposite eye had been operated on previously in the City for extraction, but it had failed. He did not know the reason why—perhaps something in the patient's constitution; yet depression had succeeded very fairly in the opposite organ. The operator next made some practical observations on the character of the cataract glasses the surgeon should order for his patient. A four and a half focus is about the best; a five may, in rare instances, be required; but for reading, a two and a half glass will be necessary.—*Association Medical Journal*, March 29th, 1856.

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27. *Traumatic Cataract and its Treatment by Operation.*—Mr. J. V. Solomon, in a paper read before the Birmingham and Midland Counties Branch of the Prov. Med. and Surg. Association, after giving an outline of the physiological anatomy of the lens and its capsule, which, he said, was of interest, by throwing light upon some of the nutritional changes of which the lens is the subject, and as affording a *rationale* of certain operations which are performed for their cure, defined traumatic cataract as an opacity of the lens or its capsule, in consequence of a blow upon, or penetrating wound of the eyeball. Mr. Solomon then considered the subject under three heads.

a. In cases of traumatic cataract, attended by little or no inflammation, and where the capsule having been ruptured accidentally the lens is under-

going absorption, his practice is to break it up ten or fourteen days after the accident, and clear the pupil of capsule, and so prevent the formation of a capsular cataract within the area of the pupil. The operation is performed by penetrating the cornea with a fine needle, etc. (Keratonyxis). Where the case is complicated by an ununited wound of the cornea, his first care is to obtain union by closing the eyelids with strips of plaster, and enjoining rest of the organ. Prior to which, any portion of recently protruding iris is returned within the anterior chamber by gently pressing upon it with the spoon end of the "curette," whilst the patient is under the influence of chloroform: but when that drug is contraindicated, or lymph covers the irident tumour, it must be snipped off, unless it should happen to be very small, with a pair of sharp-cutting eye scissors. When the wound is central, belladonna is to be immediately applied to the brow, and a drop of atropine to the conjunctiva; but when such is not the case, the application must be delayed until cicatrization has taken place.

b. In cases where the cataract is dislocated against the back of the iris, or is pushing its way through the pupil, and is attended by severe ocular pain and inflammation, Mr. Solomon's invariable practice is to extract the lens by Gibson's operation, which, by removing a cause of irritation, alleviates suffering, and accelerates recovery. In the event of these cases being treated only by the ordinary means applicable to internal inflammation of the eyeball, all the symptoms are protracted, and the pupil remains small, and obstructed by thickened opaque capsule, or organized lymph. Moreover, the deep seated structures are prone to be affected by inflammatory disorganization. In a word, the eye is left, on the subsidence of the ophthalmia, in a very unfavourable condition for any operation that may be at any time undertaken with the intention of clearing the pupillary aperture; unless the canula scissors can be made of use. It is in this class of cases that chalky or bony material forms withing the capsule.

c. With regard to cases of single traumatic cataract, occurring in an organ in other respects, as far as can be judged, healthy, the author advocates the operation of solution (Keratonyxis), on the grounds that it (1) removes a deformity which, to many persons, is a serious obstacle to their comfort and well-being in life, and that (2) it tends, if the patient occasionally exercise the eye by wearing a suitable cataract spectacle, to preserve a healthy condition of the retina. Deprive an organ, he said, of its natural stimulus, and its nutrition will become either feeble or perverted; in illustration of which, might be cited those cases where amblyopia or amaurosis is persistent after the removal of a congénital cataract from an adult.

The primary effect of the removal of a single cataract, as respects vision, is in many instances to render it double or confused; the patient, however, soon ceases to regard the impressions conveyed through the retina of the eye which has lost its lens, and recovers single and clear vision. In illustration of this, the cases recorded by Dr. Andrew Smith in the *Edinburgh Medical and Surgical Journal*, No. 74, are most apposite and conclusive. Three saw objects double when the bandage was first removed, and for nearly twenty-four hours, and then singly. Two saw double about three hours; and one of them, two days afterwards, upon being surprised, and opening his eyelids suddenly, experienced, for a few seconds, the same imperfection. A sixth saw constantly double for four days, and after that, as distinctly as ever he did; and the other three cases, as above remarked, always single.

Mr. Cheshire.—The able paper read by Mr. Solomon had evidently been written with great care; he, however, could not agree with the practice which it advocated. Though the author said that double vision subsided, he had omittted to state that the vision was forever after the operation confused; indeed, it must be palpable to every one, that the loss of the lens must induce confusion of vision. Whereas, if the cataract was not interfered with, the fellow eye became as good as two. Clear sight must be better than confused vision.

Mr. L. Parker (the Preisdent) considered the paper they had heard read a very valuable one; he regretted that the author had not illustrated it by a series

of cases from his own practice. The question of the propriety of an operation was purely a question of fact; if one successful case could be adduced, that would be an answer to the objection that had been made.

Mr. Solomon said, in reply, that the objection which had been raised to the removal of a single cataract by the operation of solution, on the plea that the difference thereby produced in the adjusting power of the two eyes must give rise to permanently confused vision, was a theoretical one, and was nullified by cases recorded by Dr. Andrew Smith, R. Carmichael, Stevenson, and others, also by his own experience in the last seven years at the Birmingham Eye Infirmary; during that period no single instance of permanently confused vision, as a result of the operation in question, had come before him. He had not kept records of this class of cases, never anticipating that the propriety of the operation would have been made, in another place, the subject of a hostile attack; this deficiency in his paper he would, however, supply at the next meeting of the Branch, by producing some patients who had lost the lens from one eye, and from whom the members of the Society could elicit full particulars bearing upon the point in discussion. In his experience, he had met with several persons in whom the power of adjustment was different in the two eyes, and yet the vision was single and clear; the patients having only discovered the defect by accidentally closing the perfect eye. He might observe, in conclusion, that from inquiries he had made, he found that some of the most distinguished ophthalmic operators, metropolitan and provincial, in this country, and on the Continent, operated on cases of single traumatic cataract by solution. —*Association Med. Journ.*, March 15th, 1856.

MIDWIFERY.

28. *Spontaneous Version of the Child.*—Dr. Benda relates an interesting case of this. A woman was found with an arm-presentation, the waters having escaped. The right arm, as far as the half of the humerus, was outside the vagina, little swollen. Dr. Benda diagnosed on careful examination the second shoulder-presentation. In spite of attempts by himself and his colleague, Dr. Lehfeldt, it was impossible to pass the hand into the uterus to seize the foot. While waiting for chloroform, the following process, which took place very rapidly, was minutely observed. The hitherto relaxed perineum was suddenly distended, and the presenting right arm was drawn back into the genital organs; at the same time that the pelvic end of the child rose, the right side of the abdomen came first against the perineum, then the pubic end, and during a half-revolution upon the long axis the back was directed against the symphysis, the left hip was evolved over the perineum, whereupon quickly and in one pain, the legs folded upon the abdomen, and the head bent upon the breast followed. Thus, out of the second shoulder-presentation, and by strong uterine contractions alone, working in a capacious pelvis, the first breech-presentation had been developed; a half-turn upon the transverse axis taking place, as well as a half-turn upon the long axis. The child, at first asphyxiated, recovered perfectly.—*Brit. and For. Med.-Chirurg. Rev.*, April, 1856, from *Verhandl. d. Ges. für Geb.*, 1855.

29. *Complete Inversion of the Uterus, at the Time of Labour, with remarkable Absence of the Ordinary Symptoms of that Accident.* By F. W. Montgomery, M. D., Professor of Midwifery in the King and Queen's College of Physicians.—On the 10th of Sept., 1854, Mr. M. called on me to request that I would immediately visit his wife, whom he stated to be dangerously ill after her confinement. I accompanied him at once, and on my arrival at the patient's house, at 9 o'clock, A. M., found a physician accoucheur, of experience and discretion, in attendance, who subsequently gave me the following account of what had occurred before my arrival:—